U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

- CARDO	
1. File Number U - 132.18	2. Fiscal Year Covered From:
	0] / 0] / 2004 Through: 12 / 3/ / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name DAVID PICKUL	Name SERVICE EMPLOYEES INTE ULID LOCAL
	Labor Organization File Number 5)3 846
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 77 HUYSHOPE AVE	Street 77 HuysHOPE AVE
City HARTFORA	City HARTFORD
State ZIP Code + 4 Q, 106	State CT ZIP Code + 4 06/06
5. Position in labor organization. WICE PRESIDENT.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	ion represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of ion represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Cods + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan- undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the
Signed Start Pro	On X/X/05 160-549-1199

Date

Telephone Number

Name of Person Filling DAVID PICKUS		The Number O-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included the dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or lirectly to, or otherwise	;
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name W.E. H.C.E.U. PENSION FUND	a. Labor Organiza	ition
Trade Name, if any:	a. Labor Organiza	, ,
P.O. Box, Bldg., Room No., if any 2 NO FLOOR	c. Employer	
Street 77 HUTSHOPE AVE	l-turred	
City HARTFORD		
State CT ZIP Code + 4 06106		
10. If 9.b. or 9.c. is checked give trust or employer's name. SEE ABOVE	11.a. Nature of such deal	ng.
Name	X,	/A
Trade Name, if any:	The state of the s	
P.O. Box, Bldg., Room No., if any		·
Street	11.b. Approximate dollar val	ue of such dealing.
City	12.a. Nature of interest he	All propagational contents of the party of t
State ZIP Code + 4	TRUSTEE ED	ICATIONAL COMFERENCE
		•
	12 h Amount	724878
	12.b. Amount.	324848
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above)	327878
	er parts A and B above)	324848
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value. 14.a. Nature of payment.	3248.48
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value. 14.a. Nature of payment.	3248 48
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	er parts A and B above) or other thing of value. 14.a. Nature of payment.	324878
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	er parts A and B above) or other thing of value. 14.a. Nature of payment.	324878
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	er parts A and B above) or other thing of value. 14.a. Nature of payment.	3248 18
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	er parts A and B above) or other thing of value. 14.a. Nature of payment.	3248 48

Name of Person Filing DAVID PICKUS	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selfing or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name N.E. H.C.E.U. PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any 2 PLOCK Street 77 MCYSHOPE AVE City HARTFORD State CT ZIP Code + 4 C6106	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.
Street	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received. TRUSTEE MEETINES
	12.b. Amount. 720.67
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing DAVID PICKUS	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name BUCKLEY FRAME AND BOUDLEAU Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 7-0.334 218 City North HAVEN State ZIP Code + 4 (2647)	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name NEHCEU PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any 2 PLOR	11.a. Nature of such dealing. AUDIT FUND AND CONTRIBUTING EMTLOYERS
Street 77 HUYSHOPE AVE	11.b. Approximate dollar value of such dealing. \$58,645.
State CT ZIP Code + 4 06706	12.a. Nature of interest held or income received. OPERATING ENGINEERS GOLF OUTING:
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	er parts A and B above) or other thing of value. 14.a. Nature of payment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City State	
	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	

Name of Person Filling DAVID PICKUS	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business /ely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name MARCO CONSULTING GROUP Trade Name, if any: P.O. Box, Bldg., Room No., if any Sulter FOO Street 550 West Washington Buo City CHICAGO State IL ZIP Code + 4 60661	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's riame. Name NEHCEU PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Z FLOGR	11.a. Nature of such dealing. INVESTMENT MANACEMEN	
Street 77 HUYSHOPE AVE City HARTFORD State CT ZIP Code + 4 06106	11.b. Approximate dollar value of such dealing. 52.5 12.a. Nature of interest held or income received. 3 Raynds of Golf at con	70.
	12.b. Amount.	75
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment	way a service there is no service and a service to service the se
Name .		. [
Trade Name, if any:		\$ 4 6
P.O. Box, Bldg., Room No., if any		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	P. No1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a, Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: 1 P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZiP Code ÷ 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	